Dear Parent/Guardian,

Thank you for completing the required health and insurance forms for your child. Please send these forms to Anne Rueppel, our Camp Administrator, **within 2 weeks of registering your child**. We greatly appreciate your prompt attention to these important forms. The completed forms must be received in order for your camper to attend.

Below are the details for mailing and emailing the required forms:

1) Scan and email forms to Anne Rueppel – arueppel@tpscamps.com

2) Send via postal mail to:
   TPSC – Anne Rueppel
   84 Seminary Street Ext.
   Middlebury, VT 05753

If you have any questions about the forms or need any additional information, please call Anne at 740-398-4464. We look forward to working with your camper this summer!

Sincerely,

Anne Rueppel and the Total Performance Staff
HEALTH / MEDICAL FORM:
Please complete this form in its entirety. This required information will be helpful in the unlikely event of an accident or sudden illness. **Due: 2 weeks after registration**

Camper name: ______________________________________________________

Parent name: ______________________________________________________

Parent Date of Birth: _________________________________________________

Family Physician: ______________________________________________________

Physician Address: _____________________________________________________

Physician Phone: ____________________

1) **Allergies (check box if “YES”):**
   - Hay Fever ____________________
   - Insect Stings ____________________
   - Penicillin or Medications (if “YES” please describe): ____________________
   - Food allergies – ie: gluten, peanuts, etc. (if “YES,” please describe):

2) **Diseases/Conditions (check box if “YES” and give approx. dates):**
   - Chicken Pox ____________________
   - Asthma ____________________
   - Mononucleosis (Mono) ____________________
   - Depression/Anxiety ____________________
   - Other ____________________

3) **Please list any health conditions/injuries that may affect your child’s participation in any camp activities. What precautionary measures must be taken?**

4) **Immunizations:** *I certify that my son/daughter is up-to-date on all pediatrician/CDC recommended vaccines.*
   - YES / NO (circle one)

5) **Vaccines:** Please give approximate dates for the following vaccinations *(If not applicable to your child based on age please leave blank)*
   - Dtap/TD/Tdap (Tetanus, Diphtheria, Pertussis vaccine) ____________________
   - Tetanus booster ____________________
   - Meningococcal Conjugate Vaccine (MCV) ____________________

6) **Signature:** I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Parent/Guardian ____________________ Date ____________________

Check the box for your camp:
- Kenyon Competitive Stroke Camp 1
- Kenyon Competitive Stroke Camp 2
- Kenyon Competitive Stroke Camp 3
- Calvin Competitive Stroke Camp
- Elite Camp - ____________________
Where Swimmers Learn to Train and Think Like Champions!

**HEALTH / MEDICAL FORM (PAGE 2):** Every camper must have this form on file. **Due: 2 weeks after registration**

7) **READINESS TO COMPETE:** The Participant(s) and undersigned parent/guardian of the Participant(s) agree that the Participant(s) will only participate in those Total Performance Swim Camp activities for which the Participant(s) is/are physically and psychologically prepared to compete. By signing this Agreement we represent that the Participant(s) has/have been examined by a physician and has/have been cleared to participate in a competitive sports camp, that we know the Participant(s) to be physically and psychologically prepared to compete, and that we are unaware of any physical or psychological condition that renders or may in the future render the Participant(s) unfit to participate in a Total Performance Swim Camp activity. Furthermore, we understand that Total Performance Swim Camps and Kenyon College reserves the right to remove the Participant(s) from participation in any camp activity or from the camp entirely, without reimbursement, if the staff determines the safety and overall well-being of the Participant(s) or other participants is compromised by the his/her/their physical or psychological readiness to compete.

Signature of Parent/Guardian ________________________________________ Date _________________

8) **MEDICAL CONSENT TO TREAT:** Total Performance Swim Camps will make every effort to contact me in case of an emergency. I give my permission to Total Performance Swim Camps and the medical staff of its choice to administer any medications authorized by me or a designated parent/guardian and to provide and arrange for any necessary medical treatment to my child while at Total Performance Swim Camps, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

Signature of Parent/Guardian ________________________________________ Date _________________

9) **INSURANCE INFORMATION:**

Policyholder’s Name: ______________________________________ Relationship to Camper: ___________________

Insurance Company: _______________________________________ Effective Date: ________________

Address of Insurance Company: _______________________________________________________________

Phone Number of Insurance Company: ______________________________

Group # / ID #:__________________ Policy #:___________________________________

**Should my camper require medical attention, I understand that I am responsible for paying any costs not covered by insurance.**

Signature of Parent/Guardian ________________________________________ Date _________________

If Parent or Guardian is not available in an emergency please contact:

Name: ____________________________

Phone Number: ____________________________

Relationship to Participant: ____________________________